promiscuity, he added, "The interesting thing is that this pre-marital licence has been found to be quite compatible with stable married life." It would be absurd to suggest that pre-marital intercourse always results in an unstable home, but I think that it is a fact that the juvenile promiscuity of which he speaks is only found with stable married life in societies in which wives are bought, adultery punished by death, or divorce forbidden. Indeed, we can only have the two at the cost of degradation rather than the emancipation of women.

The reason is probably that if boys and girls have had experience of many mates they cannot help comparing their married partner with the physical satisfaction they got from others. They constantly wonder whether some other partner might be more satisfying and look to divorce for making a change. Such an attitude is almost inevitable. Instead of making the best of things they dream of other partners, but this is prevented by the sanctions in the primitive societies I mentioned above. So if we are to have pre-marital licence we must abolish divorce, which anyhow is bad for the children, or we must put up with post-marital promiscuity, whether legalized or not. The Reith lectures gave us only half of the matter.

It is interesting to compare St. Paul's summary of the problem in the first chapter of his Epistle to the Romans, in a passage that is not specifically Christian and that is commonly misunderstood. He says there, in verses 19 to 27, that sexual immorality and perversions are the result of idolatry, the worship of something other than the Creator. Verses 28 to 32 describe the fate of those who "did not like to retain God in their knowledge"—that is, leave religion out of their scheme of things—and it is a long string of anti-social vices. A false religion, he says, leads to faulty sexual relations, but lack of religion destroys the cement of society. I think that wide observation confirms the truth of his diagnosis. I think it also confirms his further thesis that acceptance of "the love of God which is in Christ Jesus our Lord" produces a healthy mind that corrects many of the maladjustments that Professor Carstairs traced, I think rightly, largely to lack of human love, especially in infancy. But this comes from personal faith, not from the practice of organized religion which, without it, often replaces one neurosis by another. Perhaps the professor would agree?—I am, etc.,

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W. N. LEAK.

Cancer in North Wales

SIR,—A study was made recently of some 400 cancer deaths occurring in a part of North Wales during 1959–61. Half the decedents bore typically Welsh surnames, and among this group gastric cancer accounted for 34% of the total. There was no difference between those who had worked in farming and quarrying and those in other occupations. Among decedents of surnames other than the 13 selected as being typically Welsh, gastric cancer accounted for only 18% of the total. Too few of these had worked in farming and quarrying to allow comparison of occupational groups.

These findings weaken my assumption^{1,2} that geographical variations in gastric cancer mortality in North Wales might result from variations in the strength of a total cancer factor, and the suggestion made by Dr. Stocks³ that occupational contact with soil or rock might be a factor of importance. It seems more likely that variations in gastric cancer mortality in North Wales

will reflect variations in the balance between the autochthonous and the immigrant populations, both geographically and by occupation.

Two explanations appear possible: either the factor is environmental, and the "non-Welsh" group contains a sufficiently large number of people who moved into the area late in life, escaping its effect, or the tendency to gastric cancer in this area is an inherited characteristic of the Welsh. It would be interesting to examine cancer mortality among decedents of Welsh extraction who had spent all their lives outside Wales, and among those of non-Welsh extraction in North Wales. I believe sufficient migration has taken place to make this possible, and such a study could prove or disprove inherited factors.

In addition, there appears to be an anomaly in gastric cancer mortality among pernicious anaemia sufferers in the rural parts of North Wales. Among 33 returns mentioning pernicious anaemia, only one mentioned gastric cancer, and none cancer of other sites. This appears smaller than the experience of Mosbech and Videbaek⁴ in Copenhagen and Wilkinson⁵ in Manchester.—I am, etc.,

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- ¹ Legon, C. D., *Brit. J. Cancer*, 1951, **5**, 175.
- ² ——— *Brit. med. J.*, 1952, **2**, 700.
- ³ Stocks, P., *Brit. J. Cancer*, 1961, **15**, 701.
- ⁴ Mosbech, J., and Videbaek, A., *Brit. med. J.*, 1950, **2**, 390.
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Caesarean Section

SIR,—Dr. B. E. Schlesinger, in "Paediatrics in Classical Art" (December 22, p. 1671), repeats what is most likely an old misinterpretation of the origin of caesarean section.

The expression is probably not derived from Gaius Julius Caesar, but the other way round. Gaius Julius (or one of his ancestors), who was supposed to have been born in this manner, which was, according to ancient belief, always a sign of semi-divine origin, added the name "Caesar," the one born by section, from "caedere," "caesus," to the family name. Caesarean section is therefore really a tautology.—I am, etc.,

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"Ancoloxin" and Foetal Abnormalities

SIR,—Drs. A. David and A. H. Goodspeed, of British Drug Houses (January 12, p. 121), say that "ancoloxin" (meclozine and pyridoxine) given at 7½ to 10 weeks after the last menstrual period (L.M.P.) could not cause meningocele in the embryo since the neural tube closes by the sixth week after the L.M.P. They say, "In these cases the neural tube was therefore already defective before ancoloxin was given."

In some women the time between menstrual periods may be more than four weeks. However, accepting four weeks as the normal interval, it is generally recognized that during this time there is no completely "safe period" apart from the actual menstrual period itself. The time of ovulation varies within a group of women and also in the same woman. This being so fertilization may take place at any time. If it occurs immediately after the L.M.P. then at eight weeks there will be an 8-week embryo, if immediately before the date when the next menstrual period was due then at eight weeks